

Supplementary Online Content

Muhlestein JB, Lappe DL, Lima JAC, et al. Effect of screening for coronary artery disease using CT angiography on mortality and cardiac events in high-risk patients with diabetes: the FACTOR-64 randomized clinical trial. *JAMA*. doi:10.1001/jama.2014.15825.

eFigure 1. Algorithm Describing Protocol-Defined Recommendations for Clinical Management of Patients Randomized to Either the CCTA Screening or Control Groups

eFigure 2. Kaplan-Meier Event Survival Curves for the Composite Endpoint of Ischemic MACE (Coronary Artery Disease death, Non-Fatal Myocardial Infarction, and Hospitalization For Unstable Angina), All-Cause Death, and Cardiovascular Death

eTable 1. Success Rates for Reaching Aggressive Risk Factor Reduction Care Targets Among the 277 Qualifying CCTA Patients

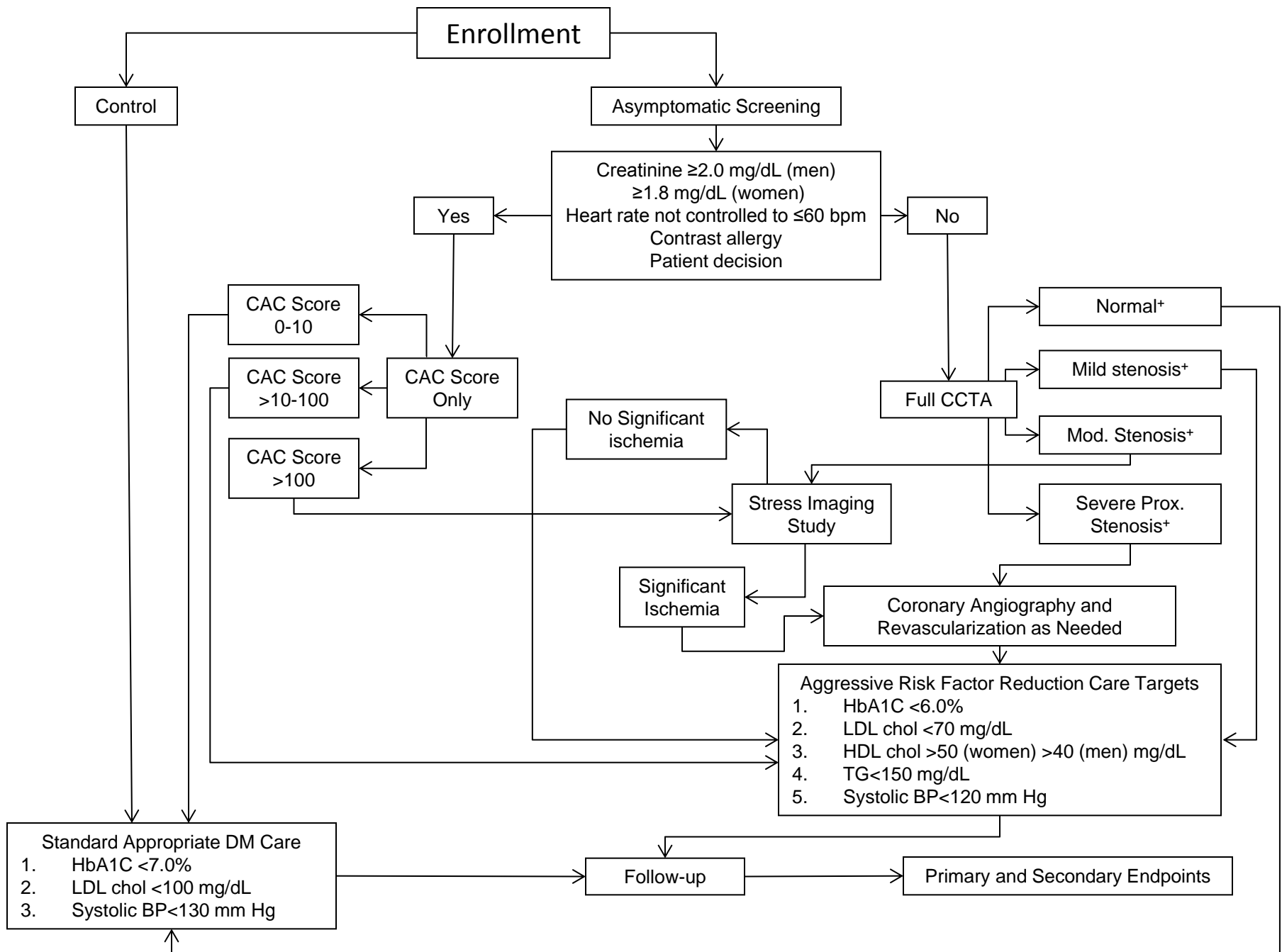
eTable 2. Results of Analysis of the Primary Endpoint for the Randomized Groups (CCTA Vs No CCTA By Subgroups; the Same Results Are Shown in the eFigure)

eFigure 3. Results of Analysis of the Primary Endpoint for the Randomized Groups (CCTA Vs No CCTA By Subgroups; the Same Results Are Shown in eTable 2)

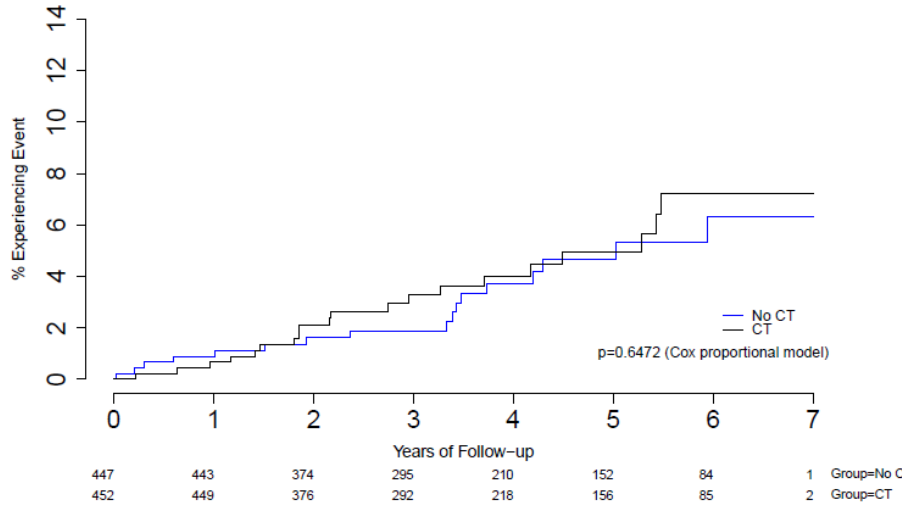
This supplementary material has been provided by the authors to give readers additional information about their work.

Supplemental Figures Legend

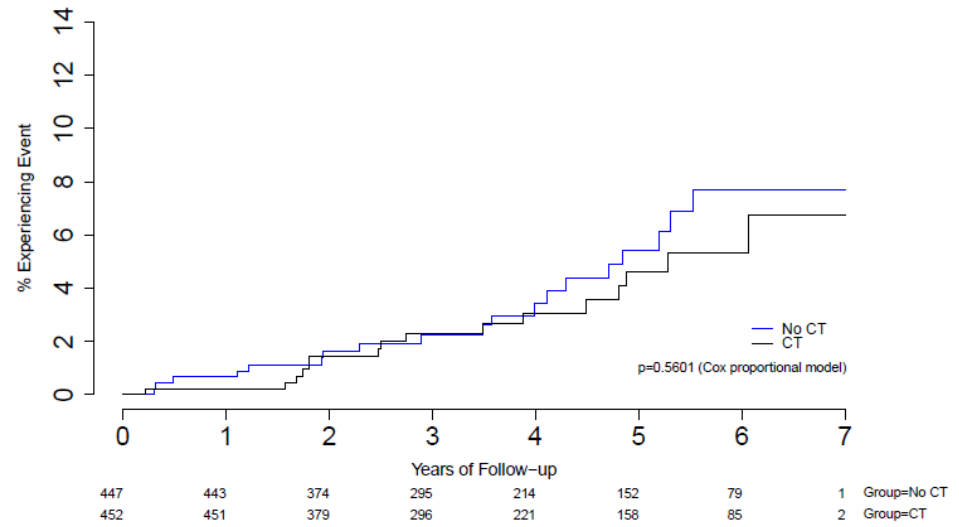
- eFigure 1. Algorithm describing protocol-defined recommendations for clinical management of patients randomized to either the CCTA screening or control groups.
+Stenosis severity was defined as follows: severely stenotic, $\geq 70\%$ diameter stenosis in at least one major proximal or large coronary artery; moderately stenotic, 50%-69% stenosis in at least one major proximal or large coronary artery; mildly stenotic, 10%-49% stenosis in any coronary artery; normal, $<10\%$ stenosis and minimal or no evidence of plaque.
- eFigure 2. Kaplan-Meier event survival curves for the composite endpoint of ischemic MACE (CAD death, non-fatal MI and hospitalization for unstable angina), all cause death and cardiovascular death.
- | | |
|-------------|---------------------------------------|
| eFigure 2a. | Curves by intention-to-treat analysis |
| eFigure 2b. | Curves by as-treated analysis |



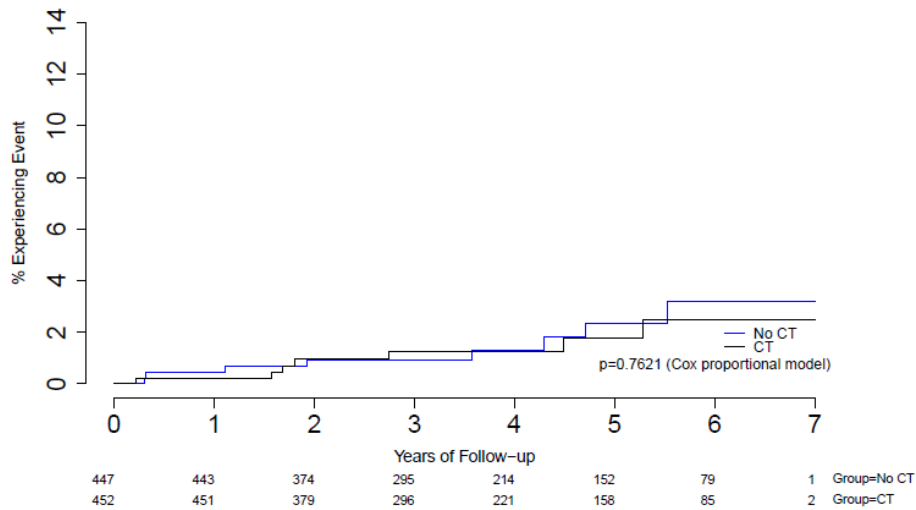
KM Curve, Outcome: Ischemic MACE(CAD Death/Non-Fatal MI/Hosp. for Unstable Angina)



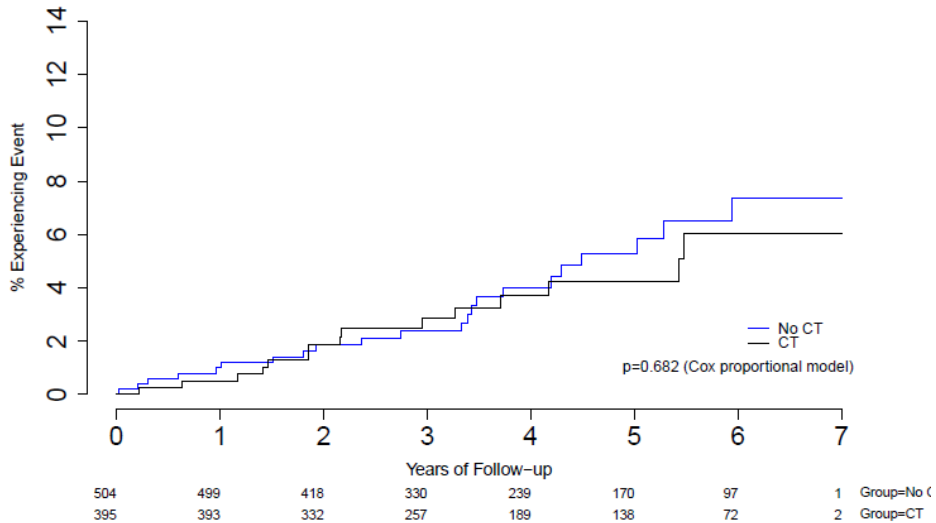
KM Curve, Outcome: Death (all cause)



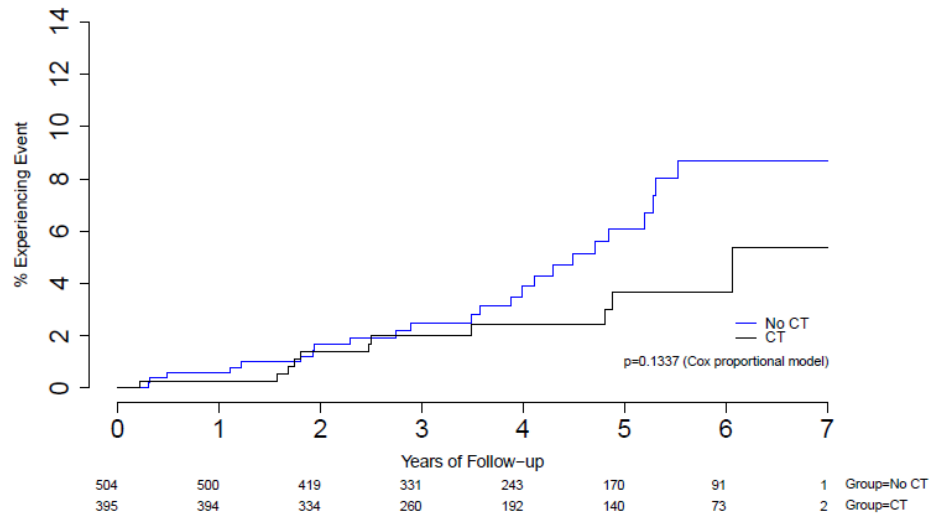
KM Curve, Outcome: CV Death



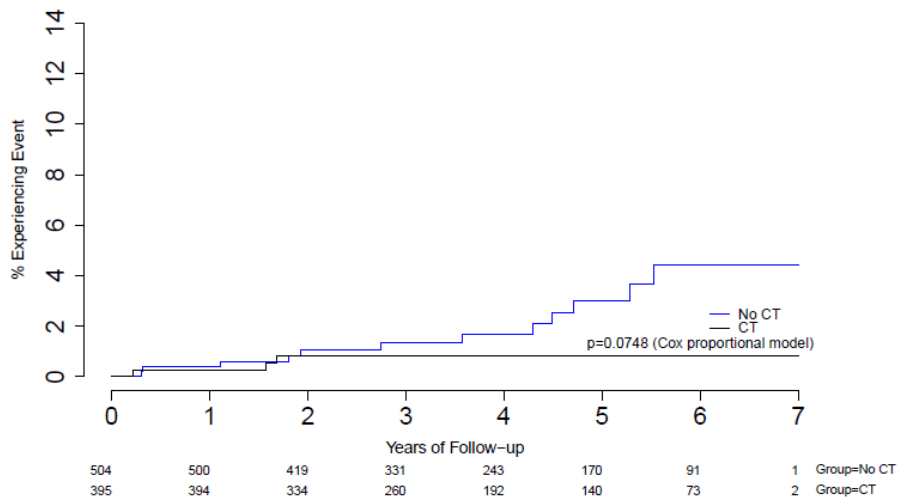
KM Curve, Outcome: Ischemic MACE(CAD Death/Non-Fatal MI/Hosp. for Unstable Angina)



KM Curve, Outcome: Death (all cause)



KM Curve, Outcome: CV Death



1 **eTable 1. Success rates for reaching aggressive risk factor reduction care targets among the 277**
2 **qualifying CCTA patients.**

1-yr Risk Factors	Aggressive Group (n=277)
HbA1C <6.0%, No. (%)	44 (15.9)
LDL chol <70 mg/dL, No. (%)	126 (45.5)
HDL chol >50 (women) >40 (men) mg/dL, No. (%)	112 (40.4)
TG<150 mg/dL, No. (%)	180 (65.0)
Systolic BP<120 mm Hg, No. (%)	78 (28.2)

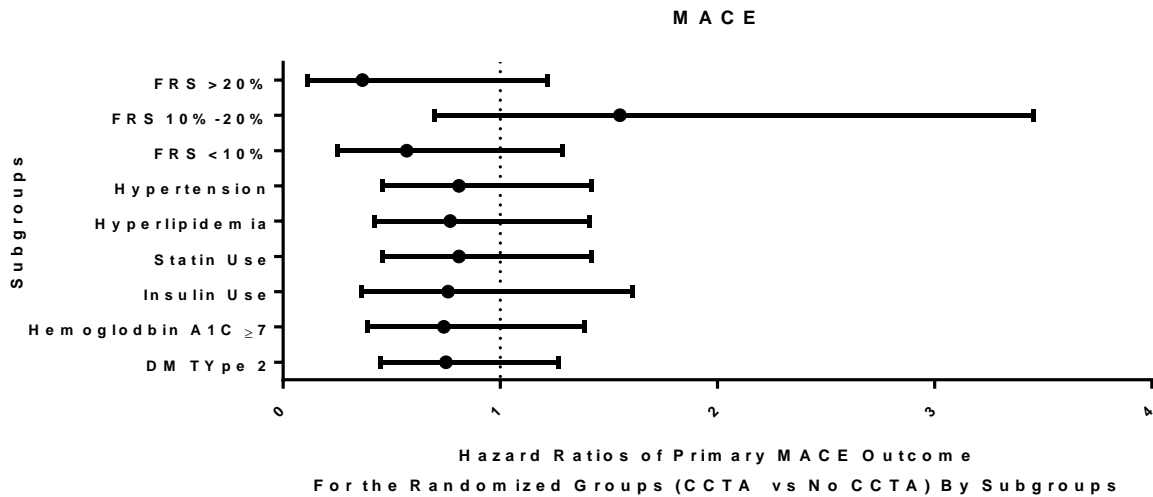
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5 eTable 2. Results of analysis of the primary endpoint for the randomized groups (CCTA vs No
 6 CCTA by subgroups. The same results are shown in Forest plot form below.

Subgroup	N	MACE %	HR for MACE	95% CI	p-value
DM Type 2	791	7.20%	0.75	(0.45, 1.27)	0.28
Hemoglobin A1c \geq 7	483	8.30%	0.74	(0.39, 1.39)	0.35
Insulin Use	386	7.30%	0.76	(0.36, 1.61)	0.47
Statin Use	668	7.30%	0.81	(0.46, 1.42)	0.47
Hyperlipidemia	567	7.60%	0.77	(0.42, 1.41)	0.39
Hypertension	595	8.40%	0.81	(0.46, 1.42)	0.46
FRS <10%	349	7.16%	0.57	(0.25, 1.29)	0.18
FRS 10-20%	420	5.95%	1.55	(0.70, 3.45)	0.28
FRS >20%	130	9.23%	0.37	(0.11, 1.22)	0.10

7 eFigure 3. Results of Analysis of the Primary Endpoint for the Randomized Groups (CCTA Vs No CCTA By Subgroups; the Same Results Are Shown in eTable 2)



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